

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

<b>1. NAME OF COMMITTEE IN FULL</b> <div style="text-align: center; font-size: 1.2em;">Elect April Freeman</div>																																																																													
<b>ADDRESS</b> (number and street) 10051 McGregor Blvd. <div style="text-align: center;">Suite 204</div>																																																																													
<b>CITY, STATE, and ZIP CODE</b> <div style="display: flex; justify-content: space-between;"> <span>Fort Myers</span> <span>FL</span> <span>33919</span> </div>																																																																													
<b>2. NAME OF CANDIDATE</b> Mrs. April Freeman	<b>3. OFFICE SOUGHT</b> (State and District) House FL 19		<b>4. FEC IDENTIFICATION NUMBER</b> C00541359																																																																										
<b>5. IS THIS AN AMENDMENT?</b> <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____ / _____ / _____																																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">A. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="3" style="vertical-align: top; padding: 5px;"> Karin Moe   3551 Creekview Dr   Bonita Springs FL 34134-1634 </td> <td style="padding: 5px;">Retired</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">04/16/2014</td> <td rowspan="2" style="vertical-align: top; padding: 5px;">1000.00</td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Transaction ID : VN8ZPCK3KG3</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation Retired</td> <td></td> <td></td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">B. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>SIGNATURE (optional)</b>  Ms. Betty Kostrach   <div style="text-align: right;">[Electronically Filed]</div> </td> <td style="padding: 5px;"> <b>DATE</b>  04/18/2014 </td> <td style="padding: 5px;"> <b>For further information contact:</b>  Federal Election Commission  999 E Street, NW, Washington, DC 20463  Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table> </td> </tr> </table> </td></tr></table></td></tr></table>				A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount	Karin Moe  3551 Creekview Dr  Bonita Springs FL 34134-1634	Retired	04/16/2014	1000.00	<b>Transaction ID : VN8ZPCK3KG3</b>		Occupation Retired				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">B. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>SIGNATURE (optional)</b>  Ms. Betty Kostrach   <div style="text-align: right;">[Electronically Filed]</div> </td> <td style="padding: 5px;"> <b>DATE</b>  04/18/2014 </td> <td style="padding: 5px;"> <b>For further information contact:</b>  Federal Election Commission  999 E Street, NW, Washington, DC 20463  Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table> </td> </tr> </table> </td></tr></table>				B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>SIGNATURE (optional)</b>  Ms. Betty Kostrach   <div style="text-align: right;">[Electronically Filed]</div> </td> <td style="padding: 5px;"> <b>DATE</b>  04/18/2014 </td> <td style="padding: 5px;"> <b>For further information contact:</b>  Federal Election Commission  999 E Street, NW, Washington, DC 20463  Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table> </td> </tr> </table>				C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>SIGNATURE (optional)</b>  Ms. Betty Kostrach   <div style="text-align: right;">[Electronically Filed]</div> </td> <td style="padding: 5px;"> <b>DATE</b>  04/18/2014 </td> <td style="padding: 5px;"> <b>For further information contact:</b>  Federal Election Commission  999 E Street, NW, Washington, DC 20463  Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table>				D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table>				E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<b>SIGNATURE (optional)</b> Ms. Betty Kostrach  <div style="text-align: right;">[Electronically Filed]</div>		<b>DATE</b> 04/18/2014	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100
A. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount																																																																										
Karin Moe  3551 Creekview Dr  Bonita Springs FL 34134-1634	Retired	04/16/2014	1000.00																																																																										
	<b>Transaction ID : VN8ZPCK3KG3</b>																																																																												
	Occupation Retired																																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">B. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>SIGNATURE (optional)</b>  Ms. Betty Kostrach   <div style="text-align: right;">[Electronically Filed]</div> </td> <td style="padding: 5px;"> <b>DATE</b>  04/18/2014 </td> <td style="padding: 5px;"> <b>For further information contact:</b>  Federal Election Commission  999 E Street, NW, Washington, DC 20463  Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table> </td> </tr> </table> </td></tr></table>				B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>SIGNATURE (optional)</b>  Ms. Betty Kostrach   <div style="text-align: right;">[Electronically Filed]</div> </td> <td style="padding: 5px;"> <b>DATE</b>  04/18/2014 </td> <td style="padding: 5px;"> <b>For further information contact:</b>  Federal Election Commission  999 E Street, NW, Washington, DC 20463  Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table> </td> </tr> </table>				C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>SIGNATURE (optional)</b>  Ms. Betty Kostrach   <div style="text-align: right;">[Electronically Filed]</div> </td> <td style="padding: 5px;"> <b>DATE</b>  04/18/2014 </td> <td style="padding: 5px;"> <b>For further information contact:</b>  Federal Election Commission  999 E Street, NW, Washington, DC 20463  Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table>				D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table>				E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<b>SIGNATURE (optional)</b> Ms. Betty Kostrach  <div style="text-align: right;">[Electronically Filed]</div>		<b>DATE</b> 04/18/2014	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																		
B. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount																																																																										
	Occupation																																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">C. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>SIGNATURE (optional)</b>  Ms. Betty Kostrach   <div style="text-align: right;">[Electronically Filed]</div> </td> <td style="padding: 5px;"> <b>DATE</b>  04/18/2014 </td> <td style="padding: 5px;"> <b>For further information contact:</b>  Federal Election Commission  999 E Street, NW, Washington, DC 20463  Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table> </td> </tr> </table>				C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>SIGNATURE (optional)</b>  Ms. Betty Kostrach   <div style="text-align: right;">[Electronically Filed]</div> </td> <td style="padding: 5px;"> <b>DATE</b>  04/18/2014 </td> <td style="padding: 5px;"> <b>For further information contact:</b>  Federal Election Commission  999 E Street, NW, Washington, DC 20463  Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table>				D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table>				E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<b>SIGNATURE (optional)</b> Ms. Betty Kostrach  <div style="text-align: right;">[Electronically Filed]</div>		<b>DATE</b> 04/18/2014	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																
C. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount																																																																										
	Occupation																																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">D. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> <tr> <td colspan="4" style="padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table> </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> <b>SIGNATURE (optional)</b>  Ms. Betty Kostrach   <div style="text-align: right;">[Electronically Filed]</div> </td> <td style="padding: 5px;"> <b>DATE</b>  04/18/2014 </td> <td style="padding: 5px;"> <b>For further information contact:</b>  Federal Election Commission  999 E Street, NW, Washington, DC 20463  Toll Free 800-424-9530, Local 202-694-1100 </td> </tr> </table>				D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table>				E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation		<b>SIGNATURE (optional)</b> Ms. Betty Kostrach  <div style="text-align: right;">[Electronically Filed]</div>		<b>DATE</b> 04/18/2014	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																														
D. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount																																																																										
	Occupation																																																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 40%;">E. FULL NAME, MAILING ADDRESS AND ZIP CODE</th> <th style="width: 20%;">Name of Employer</th> <th style="width: 20%;">Date (month, day, year)</th> <th style="width: 20%;">Amount</th> </tr> <tr> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> <td colspan="2" style="padding: 5px;"></td> <td rowspan="2" style="vertical-align: top; padding: 5px;"></td> </tr> <tr> <td colspan="2" style="padding: 5px;">Occupation</td> </tr> </table>				E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount					Occupation																																																																	
E. FULL NAME, MAILING ADDRESS AND ZIP CODE	Name of Employer	Date (month, day, year)	Amount																																																																										
	Occupation																																																																												
<b>SIGNATURE (optional)</b> Ms. Betty Kostrach  <div style="text-align: right;">[Electronically Filed]</div>		<b>DATE</b> 04/18/2014	<b>For further information contact:</b> Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100																																																																										

--	--	--

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

## FEC FORM 6

(Revised 07/2011)